



Kaiser Foundation Hospital – Northern California Region

2018 COMMUNITY BENEFIT YEAR-END REPORT AND 2017-2019 COMMUNITY BENEFIT PLAN

SANTA ROSA

Submitted to the Office of Statewide Health Planning and Development in compliance with Senate Bill 697, California Health and Safety Code Section 127350.

Kaiser Foundation (KFH)-Santa Rosa

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I. Introduction and Background

A. About Kaiser Permanente

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for our members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and

- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. We've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Report

Since 1996, Kaiser Foundation Hospitals (KFH) in Northern and Southern California have annually submitted to the Office of Statewide Health Planning and Development (OSHPD) a Consolidated Community Benefit Plan, commonly referred to as the SB 697 Report (for Senate Bill 697 which mandated its existence). This plan fulfills the 2018 year-end community benefit reporting regulations under California Health and Safety Code, Section 127340 et seq. The report provides detailed information and financial data on the Community Benefit programs, services, and activities provided by all KFH hospitals in California.

II. Overview and Description of Community Benefit Programs Provided

A. California Kaiser Foundation Hospitals Community Benefit Financial Contribution

In California, KFH owns and operates 36 hospitals: 21 community hospitals in Northern California and 15 in Southern California, all accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). KFH hospitals are in Anaheim, Antioch, Baldwin Park, Downey, Fontana, Fremont, Fresno, Irvine, Los Angeles, Manteca, Modesto, Moreno Valley, Oakland, Ontario, Panorama City, Redwood City, Richmond, Riverside, Roseville, Sacramento, San Diego, San Francisco, San Jose, San Leandro, San Rafael, Santa Clara, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek, West Los Angeles, and Woodland Hills.

In 2018, Kaiser Foundation Hospitals in Northern and Southern California Regions provided a total of \$1,220,499,099 in Community Benefit for a diverse range of community projects, medical care services, research, and training for health and medical professionals. These programs and services are organized in alignment with SB697 regulations:

- Medical Care Services for Vulnerable Populations
- Other Benefits for Vulnerable Populations
- Benefits for the Broader Community
- Health, Research, Education and Training

A breakdown of financial contributions is provided in Tables A and B.

Note that “non-quantifiable benefits” are highlighted in the Year-end Results section of the KFH Community Benefit Plan, where applicable.

Table A

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided in 2018 (Endnotes on following page.)

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ^a	\$740,302,826
Charity care: Medical Financial Assistance Program ^b	\$252,514,999
Grants and donations for medical services ^c	\$24,632,288
Subtotal	\$1,017,450,114
Other Benefits for Vulnerable Populations	
Watts Counseling and Learning Center ^d	\$3,171,145
Educational Outreach Program	\$977,755
Youth Employment programs ^e	\$3,423,227
Grants and donations for community-based programs ^f	\$30,937,535
Community Benefit administration and operations ^g	\$12,672,094
Subtotal	\$51,181,755
Benefits for the Broader Community^h	
Community health education and promotion programs	\$1,028,815
Kaiser Permanente Educational Theatre	\$5,732,278
Community Giving Campaign administrative expenses	\$656,149
Grants and donations for the broader community ⁱ	\$3,975,643
National board of directors fund	\$742,683
Subtotal	\$12,135,568
Health Research, Education, and Training	
Graduate Medical Education	\$83,120,684
Non-MD provider education and training programs ^j	\$24,019,233
Grants and donations for the education of health care professionals ^k	\$1,706,941
Health research	\$30,884,804
Subtotal	\$139,731,662
TOTAL COMMUNITY BENEFITS PROVIDED	\$1,220,499,099

TABLE A ENDNOTES

- a. Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- b. Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance and Indigent Care programs on a cost basis.
- c. Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- d. Watts Counseling and Learning Center's service expenses are divided among three hospitals: KFH-Downey, KFH-South Bay, and KFH-West Los Angeles.
- e. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a related denominator such as the number of Youth Employment programs participants hired.
- f. Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- g. The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- h. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or a number of related denominators such as the number of Educational Theatre performances or health education programs.
- i. Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- j. Amount reflects the net expenditures after scholarships for health professional education and training programs.
- k. Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals such as physicians, nurses, physical therapists, social workers, pharmacists, etc. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

Table B

KAISER FOUNDATION HOSPITALS IN CALIFORNIA

Community Benefits Provided by Hospital Service Area in 2018

NORTHERN CALIFORNIA HOSPITALS		SOUTHERN CALIFORNIA HOSPITALS	
Antioch	\$32,394,786	Anaheim	\$42,524,980
Fremont	\$14,061,863	Baldwin Park	\$27,713,466
Fresno	\$11,163,875	Downey	\$40,855,894
Manteca	\$30,660,309	Fontana	\$69,928,344
Modesto	\$17,944,158	Irvine	\$16,693,413
Oakland	\$53,802,561	Los Angeles	\$48,562,408
Redwood City	\$16,822,970	Moreno Valley	\$13,225,236
Richmond	\$35,849,979	Ontario	\$17,190,388
Roseville	\$50,946,592	Panorama City	\$36,968,238
Sacramento	\$85,057,853	Riverside	\$34,701,604
San Francisco	\$35,547,422	San Diego	\$45,996,597
San Jose	\$29,984,480	South Bay	\$27,798,856
San Leandro	\$40,469,133	West Los Angeles	\$37,153,326
San Rafael	\$17,905,752	Woodland Hills	\$25,520,517
Santa Clara	\$48,816,820		
Santa Rosa	\$35,993,701		
South Sacramento	\$63,545,863		
South San Francisco	\$16,389,599		
Vacaville	\$28,202,916		
Vallejo	\$43,466,531		
Walnut Creek	\$26,638,672		
Northern California Total	\$735,665,834	Southern California Total	\$484,833,265

B. Medical Care Services for Vulnerable Populations

For the purpose of this plan, KFH has quantified the unreimbursed costs of medical services provided in its hospitals to the underinsured and uninsured through government programs funded at the federal and state levels as well as Kaiser Permanente's own charity care programs. Government-funded programs include Medi-Cal Managed Care, Medi-Cal Fee-For-Service, and Healthy Families Program. KFH provides charity care through its Charitable Health Coverage and Medical Financial Assistance programs. Services provided to prepaid Medicare, Major Risk Medical Insurance Program (MRMIP), and Access for Infants and Mothers (AIM) beneficiaries are not reported.

C. Other Benefits for Vulnerable Populations

Watts Counseling and Learning Center (SCAL)

Since 1967, the Watts Counseling and Learning Center (WCLC) has been a valuable community resource for low-income, inner-city families in South Central Los Angeles. WCLC provides mental health and counseling services, educational assistance to children with learning disabilities, and a state-licensed and nationally accredited preschool program. Kaiser Permanente Health Plan membership is not required to receive these services and all services are offered in both English and Spanish. This program primarily serves the KFH-Downey, KFH-South Bay and KFH-West LA communities.

Educational Outreach Program (SCAL)

Since 1992, Educational Outreach Program (EOP) has been empowering children and their families through several year-round educational, counseling, and social programs. EOP helps individuals develop crucial life-skills to pursue higher education, live a healthier lifestyle through physical activity and proper nutrition, overcome mental obstacles by participating in counseling, and instill confidence to advocate for the community. EOP primarily serves the KFH-Baldwin Park community.

Youth Employment Programs (NCAL and SCAL)

Youth workforce programs focus on providing underserved diverse students with meaningful employment experiences in the health care field. Educational sessions and motivational workshops introduce them to the possibility of pursuing a career in health care while enhancing job skills and work performance. These programs serve as a pipeline for the organization and community-at-large, enhancing the future diversity of the health care workforce.

D. Benefits for the Broader Community

Community Health Education and Health Promotion Programs (NCAL and SCAL)

Health Education provides evidence-based clinically effective programs, printed materials, and training sessions to empower participants to build healthier lifestyles. This program incorporates tested models of behavior change, individual/group engagement and motivational interviewing as a language to elicit behavior change. Many of the programs and resources are offered in partnership with community groups, community clinics, libraries, nonprofit organizations, cable television channels, and schools.

Kaiser Permanente Educational Theatre (NCAL and SCAL)

Since 1986, KPET has been using live theatre, music, comedy, and drama to inspire children, teens, and adults to make healthier choices and better decisions about their well-being. Its award-winning programs are as entertaining as they are educational and were developed with the advice of teachers, parents, students, health educators, medical professionals, and professional theatre artists. Professional actors who are also trained health educators deliver all performances and workshops. KPET programs share health information and develop individual and community knowledge about leading healthier lives. KPET is provided free of charge to schools and the general community. In addition to performances and classroom workshops, KPET supplies schools and organizations with supplementary educational materials – including workbooks, parent and teacher guides, and student wallet cards – to reinforce the messages presented in the programs.

E. Health Research, Education, and Training Programs

Graduate Medical Education (GME)

The mission of Kaiser Permanente GME is to recruit and prepare the physician workforce of the 21st century by optimizing the unique clinical and educational opportunities within our integrated model of care, which is now considered the gold standard for improving the entire U.S. health care system. Residents trained in our health care settings utilize technology to provide evidence-based, patient-centered care in a team-based model, employ population management strategies, and cultivate their skills in cultural sensitivity, effective communication and leadership. As part of their training, residents participate in rotations at school-based health centers, community clinics, and homeless shelters.

Non-MD Provider Education and Training Programs

Kaiser Permanente provides education, training, residences, internships, and/or scholarships and stipends for non-physician health care professionals in nursing, pharmacy, physical therapy, psychology, and radiology. This includes Northern California Region's Kaiser Permanente School of Allied Health Sciences, which offers 18-month training programs in sonography, nuclear medicine, and radiation therapy and Southern California Region's Hippocrates Circle Program, which was designed to provide youth from under-represented communities and diverse backgrounds with an awareness of career opportunities as a physician.

Health Research

Kaiser Permanente conducts, publishes, and disseminates high-quality epidemiological and health services research to improve health and medical care throughout our communities. Our Division of Research (NCAL), Department of Research and Evaluation (SCAL), Kaiser Foundation Research Institute, and Nursing Research Programs deploy a wide range of research methods, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared, helping build a knowledge base that improves health and health care services.

III. KFH-Santa Rosa Community Served

A. Kaiser Permanente's Definition of Community Served

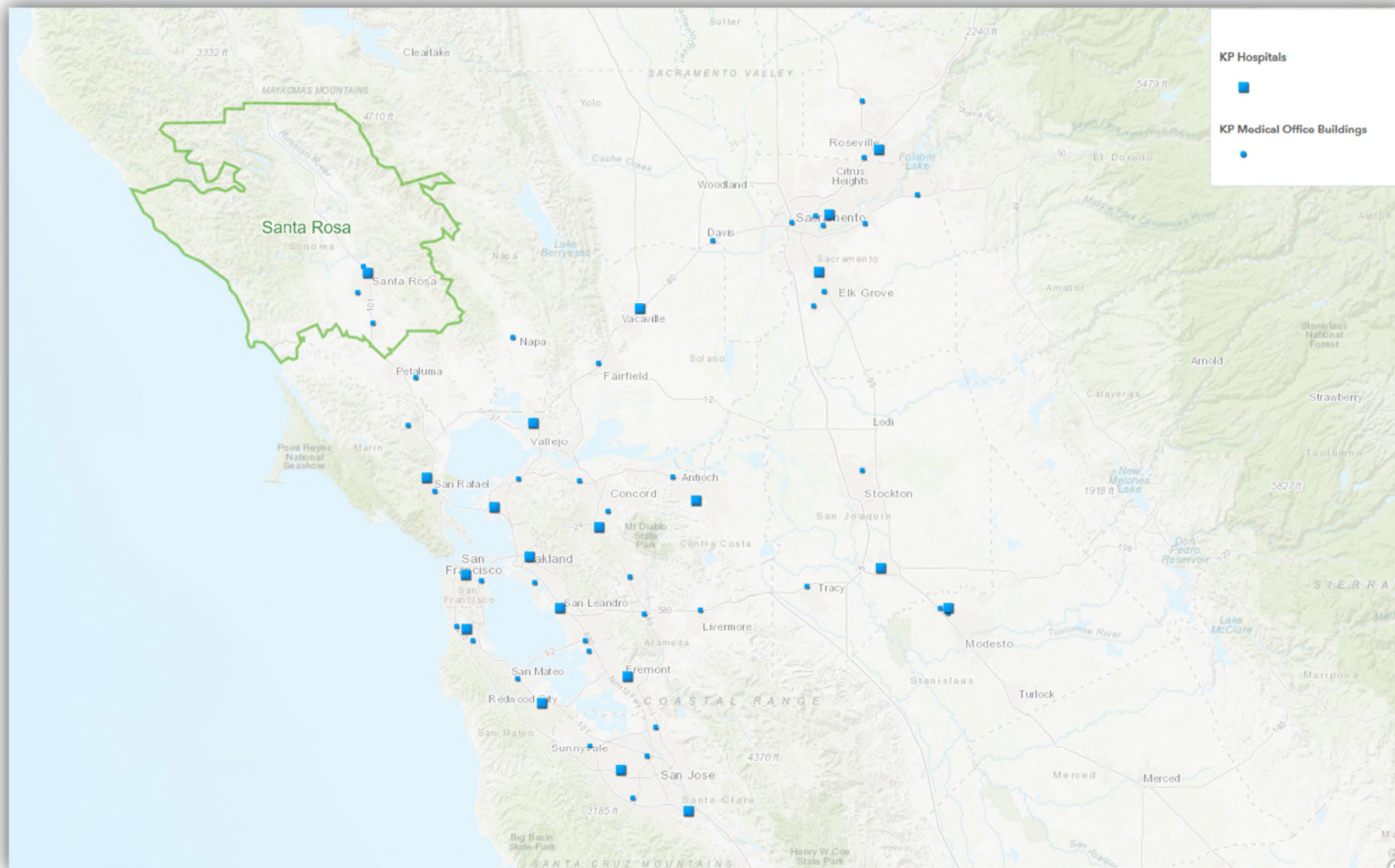
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Demographic Profile of the Community Served by KFH-Santa Rosa

Total Population	394,030
White	75.2%
Black/African American	1.7%
Asian	4.1%
Native American/ Alaskan Native	1.2%
Pacific Islander/ Native Hawaiian	0.3%
Some Other Race	11.9%

Multiple Races	5.4%
Hispanic/Latino	27.2%
Total Living in Poverty (<100% FPL)	11.7%
Children Living in Poverty	13.8%
Unemployment Rate	2.8%
Uninsured Population	10.4%
Adults with No High School Diploma	13.2%

C. Map and Description of Community Served by KFH-Santa Rosa



The KFH-Santa Rosa service area includes most of Sonoma County, except for a small southern portion in KFH-San Rafael's service area that includes the city of Petaluma, the city of Sonoma, and a small section of Napa County. Cities in this area include Cloverdale, Cotati, Healdsburg, Rohnert Park, Santa Rosa, Sebastopol, and Windsor.

IV. Description of Community Health Needs Addressed by KFH-Santa Rosa

KFH-Santa Rosa's 2016 Community Health Needs Assessment (CHNA) is posted on the internet at <http://www.kp.org/chna> (Kaiser Permanente's ShareSite). Detailed information about the CHNA process and the criteria and rationale used to determine which priority health needs KFH-Santa Rosa would address in its Community Benefit Plan (referred to as an Implementation Strategy for IRS purposes) – along with information about the health needs that were not identified but not selected – can also be found on the website. Here are the health needs KFH-Santa Rosa is addressing in the 2017-2019 three-year cycle:

1. Healthy Eating/Active Living

Weight that is higher than what is considered a healthy weight for a given height is described as overweight or obese. Overweight and obesity are strongly related to stroke, heart disease, some cancers, and Type 2 diabetes.

In Sonoma County, an estimated 25.4% of adults are obese and 37.9% are overweight. Among youth, 17.5% are obese and 20.0% are overweight. Busy lifestyles and the high cost of living compete with purchasing and cooking healthy food. Lack of physical activity was also noted as a driver of obesity and diabetes, in part due to a lack of affordable exercise options.

Certain populations in Sonoma County are disproportionately affected by overweight/obesity and by lack of access to healthy food. For instance, while 59.9% of non-Hispanic white and 13.5% of Asian residents are overweight or obese, 82.4% of Hispanic/Latino residents are overweight or obese. In addition, interviewees noted a high prevalence of diabetes among Hispanic/Latino populations. Interviewees and focus group participants noted that healthy food options are particularly lacking south of Santa Rosa and in the city of Sebastopol.

This health need was recommended for selection by the Contribution's Committee because it received a high score across all selection criteria, most notably with respect to KP expertise, feasibility, and the ability to leverage organizational assets. Further, selecting this health need ensures alignments with Kaiser Permanente regional priorities.

2. Access to Care and Coverage

The ability to utilize and pay for comprehensive, affordable, quality health care is essential to maximize prevention, early intervention, and treatment of health conditions. With implementation of the Affordable Care Act (ACA), many adults in Sonoma County are able to obtain insurance coverage and access regular health care. However, disparities persist. Specifically, lower income residents have difficulty accessing care, as many remain uninsured due to high premium costs, and those with public insurance face barriers to finding providers who accept Medi-Cal. Foreign-born residents who are not U.S. citizens also face stark barriers in obtaining insurance coverage and accessing care. While only 10.0% of Sonoma County residents are uninsured, 18.7% of residents earning below 138% of the federal poverty level and 34.2% of foreign-born residents who are not U.S. citizens do not have insurance coverage. Among those who do have insurance coverage, primary data identified other barriers to accessing care including that there are not enough primary health care providers in Sonoma County to meet the high demand. Others noted difficulties in navigating the care delivery system in an efficient way.

KFH Santa Rosa chose to address this health need because it received a high score from the Contributions Committee across all selection criteria, most notably with respect to existing or promising practices, ability to leverage organization assets, and ability to leverage community assets. Selecting this health need also aligned with Kaiser Permanente regional priorities.

3. Behavioral Health

Behavioral health includes mental health and substance use concerns. Mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression, or post-traumatic stress disorder, has profound consequences on health behavior choices and physical health. Mental health was raised as a high concern in the 2016 CHNA. Most notably, Sonoma residents have a high risk of suicide: 12.3 per 100,000 county residents die by committing suicide, compared to 9.8 per 100,000 residents on average in California. Depression is also a concern, as 31.3% of youth and 14.1% of Medicare beneficiaries are depressed. Residents and stakeholders noted challenges in obtaining mental health care, including that preventive mental health care and screening is limited, and that stigma may prevent individuals from seeking professional treatment. Youth and residents experiencing homelessness were noted as particularly high-risk populations for mental health concerns.

Substance use, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. In Sonoma County, substance abuse was identified as a concern, particularly with respect to alcohol consumption. Among adults, 21.3% of residents report heavy alcohol consumption. Youth were noted as a high-risk population, and data indicates that in the prior 30 days, 13.8% of 11th grade students reported using cigarettes and 28.0% reported using marijuana. And 24.4% of 11th grade students reported ever having driven after drinking. In addition to youth, residents experiencing homelessness were noted as particularly high-risk populations for mental health concerns.

KFH Santa Rosa chose to address this health need at the recommendation of the Contributions Committee, which ranked this need high with respect to KP expertise, ability to leverage organization assets, and feasibility.

4. Early Childhood Development

Child development includes the rapid emotional, social, and mental growth that occurs during gestation and early years of life. Adversities experienced in early life include exposure to poverty; abuse or violence in the home; limited access to appropriate learning materials and a safe, responsive environment in which to learn; or parental stress due to depression or inadequate social support. Such adversity may threaten appropriate development.

Exposure to early adversity is pervasive in Sonoma County. Among adults in Sonoma and Napa counties (combined for stability), 22.0% report having experienced four or more unique adverse childhood experiences (ACEs) before age 18, which may include childhood abuse (emotional, physical, and sexual), neglect (emotional and physical), witnessing domestic violence, parental marital discord, and living with substance abusing, mentally ill, or criminal household members. Key themes among residents and stakeholders included the high cost of living and high cost of child care in Sonoma County, as well as the importance of quality early education and home stability on development among young children.

KFH Santa Rosa chose to address this health need at the recommendation of the Contributions Committee, which highlighted the importance of this health need with respect to disparities/equity. As this was the most highly prioritized health need during the CHNA

process and was strongly emphasized as an important need in data collected during the CHNA process, the Contributions Committee and KFH Santa Rosa leadership selected this need to be responsive to community resident needs and community partners' input.

V. 2018 Year-End Results for KFH-Santa Rosa

A. 2018 Community Benefit Financial Resources Provided by KFH-Santa Rosa

Total Community Benefit expenditures are reported as follows:

- Quantifiable Community Benefit such as facility use and in-kind donations are included if funded by KFH, provided in a KFH facility, or are part of a KFH Community Benefit Plan.
- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported, as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts were not available by hospital service area, then regional expenses were allocated proportionally on the basis of KFHP membership or other quantifiable data, such as the number of Kaiser Permanente Youth Employment participants employed within each hospital area's community at large.

Table C

KFH-Santa Rosa

Community Benefits Provided in 2018 (Endnotes on following page.)

Medical Care Services for Vulnerable Populations	
Medi-Cal shortfall ^a	\$21,427,009
Charity care: Medical Financial Assistance Program ^b	9,604,664
Grants and donations for medical services ^c	529,078
Subtotal	\$31,560,751
Other Benefits for Vulnerable Populations	
Youth Employment programs ^d	\$64,163
Grants and donations for community-based programs ^e	1,523,959
Community Benefit administration and operations ^f	265,051
Subtotal	\$1,853,174
Benefits for the Broader Community^g	
Community health education and promotion programs	\$1,716
Community Giving Campaign administrative expenses	19,893
Grants and donations for the broader community ^h	279,599
National board of directors fund	18,116
Subtotal	\$319,324
Health Research, Education, and Training	
Graduate Medical Education	\$827,458
Non-MD provider education and training programs ⁱ	692,624
Grants and donations for health research, education, and training ^j	32,143
Health research	708,227
Subtotal	\$2,260,452
Total Community Benefits Provided	\$35,993,701

TABLE C ENDNOTES

- a. Amount includes hospital-specific, unreimbursed expenditures for Medi-Cal Managed Care members and Medi-Cal Fee-for-Service beneficiaries on a cost basis.
- b. Amount includes unreimbursed care provided at this facility to patients who qualify for the Medical Financial Assistance on a cost basis.
- c. Figures reported in this section for grants and donations for medical services consist of charitable contributions to community clinics and other safety-net providers; community health partnerships and collaboratives; and special Request for Proposals to support specific health issues such as childhood obesity, asthma, etc. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- d. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the number of Youth Employment programs participants hired.
- e. Figures reported in this section for grants and donations for community-based programs consist of charitable contributions made to external nonprofit organizations for a variety of programs and services that address the nonmedical needs of vulnerable populations. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- f. The amount reflects the costs related to providing a dedicated community benefit department and related operational expenses.
- g. Figures reported in this section are hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members, or several related denominators such as the number of Educational Theatre Programs performances or health education programs.
- h. Figures reported in this section for grants and donations for the broader community consist of charitable contributions made to external nonprofit organizations to educate health care consumers in managing their own health and making informed decisions when obtaining services; and to develop, produce, or communicate health care-related public policy information for a variety of programs and services aimed at general well-being of the community. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.
- i. Amount reflects the net expenditures for health professional education and training programs.
- j. Figures reported in this section for grants and donations for the education of health care professionals consist of charitable contributions made to external nonprofit organizations, colleges, and universities to support the training and education of students seeking to become health care professionals. The amount reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures were not available, dollars were allocated to each hospital based on the percentage of Health Plan members.

B. Examples of KFH-Santa Rosa's 2018 Activities to Address Selected Health Needs

All Kaiser Foundation Hospitals (KFH) carefully consider the evidence-base when determining which goals, strategies, and related activities would be most effective in addressing priority health needs. It is anticipated that successful implementation of key activities (programs, grants, collaboration, and/or in-kind assets), tied to key goals and strategies, can contribute toward improving the priority health needs in the community. For information on the goals and strategies that were selected for each health need, please refer to the KFH-Santa Rosa Community Benefit Plan/Implementation Strategy Report posted on the internet at <http://www.kp.org/chna>.

Mechanisms for monitoring progress are tailored to each activity and may include the collection and documentation of tracking measures such as number of grants made, number of dollars spent, number of people reached/served, and number and role of Kaiser Permanente volunteers. Kaiser Permanente also conducts evaluation of larger grant initiatives to understand both progress and outcomes. In addition to internal monitoring and evaluation, Kaiser Permanente requires grantees to propose, track, and report outcomes of the projects for which they have received funding.

The examples below provide highlights for a select number of programs, grants, collaboration and/or assets that address the identified health needs in KFH-Santa Rosa. Where appropriate, summative information is provided for grants and program examples that have been paid and implemented in multiple years during the Implementation Strategy time cycle. These examples are illustrative and not exhaustive.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
Access to Care and Coverage	In 2018, there were 37 grants totaling \$518,564.30 that addressed Access to Care in the KFH-Santa Rosa service area.	<p>Kaiser Permanente Medicaid and Charity Care: In 2018, Kaiser Permanente provided care to 17,009 Medi-Cal members and 550 Charitable Health Coverage (CHC) members. And 6,926 individuals received Medical Financial Assistance (MFA).</p> <p>Access to care programs: KFH Santa Rosa awarded \$126,322 in grants to improve access to care for vulnerable populations. Key highlights:</p> <ul style="list-style-type: none"> A. Community Action Partnership Sonoma County received \$30,000 for its Save Our Smiles program to address the epidemic of dental disease in Sonoma County children by providing access to dental services and helping families overcome access barriers to dental care by providing services in schools and community locations. More than 1,100 students have received fluoride treatments and more than 600 have benefited from dental screenings. B. Jewish Community Free Clinic received \$30,000 in general operating support to ensure free health care services are made available to anyone in need.

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>Operation Access: Operation Access received a \$350,000 grant (even split with 15 KFH hospital service areas) to coordinate donated medical care and expand access to care for low-income uninsured adults in the Bay Area through its volunteer and hospital network. Overall, 669 staff/physician volunteers provided 650 surgical and diagnostic services at 11 facilities, reaching 521 adults.</p> <p>211: Volunteer Center of Sonoma County, Inc. received a \$50,000 grant to support 211 services that increase public benefit enrollment for low-income Sonoma County community members. The agency expects to enroll a minimum of 200 individuals in CalFresh and/or refer them to Medicare.</p> <p>PHASE: Redwood Community Health Coalition (RCHC) received a three-year \$500,000 grant (even split with three KFH hospital service areas) to support the successful use of PHASE. Strategies include developing a self-measured blood pressure monitoring program and facilitating peer sharing around quality improvement practices. RCHC is reaching more than 25,000 patients through PHASE; 74% of its patients with diabetes and 68% of patients with hypertension have their blood pressure controlled.</p>
Healthy Eating Active Living	In 2018, there were 24 grants totaling \$318,148.57 that addressed Healthy Eating Active Living in the KFH-Santa Rosa service area.	<p>Food insecurity: Redwood Empire Food Bank (REFB) received a \$25,000 grant to support fresh produce distribution. REFB's Harvest Pantry served a weekly average of 190 families and 215 children 0 to 6 across seven Sonoma County sites and distributed approximately 226,000 pounds of nutritious food, including 158,575 pounds (70%) of fresh produce to participating families weekly, in addition to offering a series of three bilingual nutrition education lessons focusing on healthy eating and activity for the whole family. By offering nutritious food, free of charge, with a focus on the prevention of iron-deficiency anemia and obesity in young children, the pantry makes a positive impact on the lives of low-income families in the community.</p> <p>Childhood Obesity: The Center for Well-Being received a \$40,000 grant to implement safe and inclusive physical activity at school sites. Active Play Every Day provides 10 schools in low-income Sonoma County neighborhoods with training, resources, and support to integrate daily physical activity into the school day, and a strategy to combat childhood obesity and the development of chronic disease later in life. More than 6,000 students benefit from this program, increasing their daily movement.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>CalFresh: Redwood Community Health Coalition (RCHC) received a \$95,000 grant (even split with KFH-Santa Rafael) to increase CalFresh participation by building health center capacity for outreach and in-reach. To date, outreach efforts have included staff presentations to service providers and tabling at health hubs, senior events, and farmers' markets. RCHC expects to assist 5,000 health center patients who are enrolled in Medi-Cal to enroll in CalFresh.</p> <p>Parks: Community Action Partnership (CAP) of Sonoma County received a \$75,000 grant to make improvements to Roseland Elementary School community park and to offer programs designed to increase community use, particularly among low-income children and families. CAP collected baseline surveys from 306 community members to identify areas in need of improvement. Once complete, it is expected that park utilization will increase leading to greater community cohesion.</p>
Mental Health & Wellness	In 2018, there were 32 grants totaling \$1,004,442.65 that addressed Mental Health and Wellness in the KFH-Santa Rosa service area.	<p>Mental health services: Social Advocates for Youth received a \$35,000 grant to provide weekly therapeutic mental health services for up to 16 at-risk youth 18 to 24 enrolled in the agency's housing programs. The goal is to build socio-emotional skills and decrease mental health symptoms to help youth become self-sufficient.</p> <p>Community education: National Alliance for Mental Health (NAMI) received a \$30,320 grant to support ongoing programs that build understanding of mental illness in community, teach warning signs, dispel misconceptions that contribute to the stigma that keeps people from seeking treatment, and provide support to families affected by mental illness. NAMI has been able to respond to more than 200 warm line callers – in addition to 50 wildfire survivors – within the first half of the reporting period.</p> <p>Safe Schools: Community Matters received a \$15,000 grant to create safer school climates with improved social/emotional wellness by engaging, equipping, and empowering students to stand up and speak up when they witness bullying and cyber bullying. Funding supported the evidence-based Safe School Ambassadors (SSA) program at three Santa Rosa area schools.</p> <p>Stigma: Lifeworks of Sonoma County received a \$90,000 grant to address mental health stigma and increase understanding of mental health and wellness among low-income Latino adolescents with dual diagnosed mental health conditions. Lifeworks will develop a bilingual parent education curriculum and launch a public education campaign. Lifeworks expects to reach 800 youth and families.</p>

Need	Summary of Impact	Top 3 to 5 examples of most impactful efforts
		<p>Resilience: Santa Rosa Community Health Centers received a \$98,000 grant to support Elsie Allen High School to develop a trauma-informed school environment by providing behavioral health services to students, training teachers and staff on trauma-informed practices, and developing partnerships with new school leadership. The expected outcomes include increase referrals for services, improved coping skills among students and staff and increase awareness about mental/emotional health.</p>
Early Childhood Education	In 2018, there were 67 grants totaling \$476,791.37 that addressed Education, including Early Childhood Education, in the KFH-Santa Rosa service area.	<p>Nutrition education: Community Child Care Council of Sonoma County received a \$20,000 grant to provide nutrition workshops and training for staff, child care providers, and parents at 12 child care centers. A standardized curriculum, including food demos and tastings that utilized seasonal produce, was rolled-out at every childcare setting.</p> <p>Parent advocacy: The Living Room received a \$24,200 grant to better serve families in Sonoma County who are homeless or at risk for homelessness through a parent advocacy training program focused on parenting strategies and child development. Monthly trainings are on track to benefit more than 300 children.</p> <p>Gym program: The kinder gym program at River to Coast Children's Services received a \$20,000 grant to support language development, promote social-emotional skills, increase opportunities for fine and gross motor skills, and perceptual and cognitive development through a relationship-based approach for all children. This project has reached more than 143 unduplicated parents year-to-date.</p>